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From an etching by Max Pollak

SIGMUND FREUD

BULLETIN of the
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SIGMUND FREUD 1856–1939

Some centuries before Christ, it occurred to some wise Grecians that honor we do others is in part for our own sake, and Ben Jonson cast this thought in his romantic idyll—

"I sent thee late a rosy wreath
Not so much honoring thee
As giving it a hope that there
It could not withered be."

It is in this spirit that the editors of the *Bulletin* and the cooperating committee from the Topeka Psychoanalytic Society have dedicated this number to the memory of Sigmund Freud. The honor we can offer him is nothing compared to the support which his eternal spirit gives to our own work, our thinking, and our ideals.

It is for our own sakes, not in a ritualistic compulsion, that we call to mind in thoughtful reflection the solemn events of ten years ago. On March 13, 1938, a cable was sent to Professor Freud inviting him and his family to become our permanent guests and to continue his work here in whatever way he desired. All the world knows how he was able soon after this to get out of Austria and spend a little over a year of refuge among friends in London. In May of 1939 one of us, representing the American Psychiatric Association, cabled him this: "Your fellow members assembled here in convention unanimously express their gratification at your safe arrival in London and send best wishes." Four months later he was dead.

Few of us realized the physical suffering that accompanied the distress of those later years of his life. Dr. Max Schur has written a note to the *Bulletin of the American Psychoanalytic Association* incident to the death of Dr. Hans Pichler, who died in Vienna in February, 1949. The last of the 28 operations by Doctor Pichler was performed in London in September, 1938.

At the time of Freud's death, there appeared an editorial in the *New York Times* (September 25, 1939) which seemed to many of us to be misrepresentative, demeaning and patronizing. "Psychiatrists," it said, "still dismiss him as unscientific." The editorial ended with the awkward and dubious compliment that "Freud was the most effective disturber of complacency in our time." This editorial angered many of us. It was answered

in a spirited and eloquent way by Dr. Smith Ely Jelliffe and of course it was eclipsed by many other memorial notices far more complimentary.

But as the years have passed and the world has grown more troubled rather than less, that description of Freud as "the most effective disturber of complacency" seems—to the writer, at least—to have taken on a new and stronger significance. For perhaps of all the deadly sins in a sinful world, complacency is the greatest. The complacency which springs from the assumption that man is a rational creature and that science is the answer to everything (or else that religion is), the complacency of intellectual arrogance, the complacency of emotional isolation and social indifference—these are complacencies which need disturbing and which Freud did disturb profoundly and, let us hope, irrevocably.

In these days when peace of mind and peace of soul are held up as desiderata of the highest order at the very moment that millions are homeless and millions are hungry and millions are in slavery and millions in fear—surely we need to fear the dreadful disease of smug complacency and restless pursuit of an illusory peace. Freud did much more than disturb our complacency. But that alone is a great heritage.

Karl Menninger, M.D.
Editor in Chief

The other editors of the *Bulletin* are Jeanetta Lyle Menninger, Dr. H. C. Modlin, and Dr. Rudolf Ekstein. They were assisted in the preparation of this Freud memorial issue by the following committee representing the Topeka Psychoanalytic Society: Dr. Ekstein, chairman; Dr. Milton Wexler, Dr. William Pious and Dr. Mary Leitch.

NOTES ON AGGRESSION*

By Miss ANNA FREUD†

Recent Trends in Child-Psychology

In recent years, aggression, destruction, their expressions and their development have assumed central interest for workers in the field of education, child-psychology and child-therapy. There seems to be an increasing recognition of the fact that normal or abnormal emotional development cannot be understood without adequate explanation of the role played by aggressive tendencies and attitudes. In normal children the problem of aggression is studied with special regard to their social responses. In abnormal children (children with retarded development, with states of regression in development, dissocial or criminal tendencies) aggression is known to play an important pathogenic part.

It is in accordance with this trend in modern child-psychology that the role of aggression in normal and abnormal child-development has been chosen as the topic for discussion by an overwhelming majority of Congress members from many nations and countries. Some contributions made by previous speakers may have created the impression that this choice is not unconnected with experience and clinical observations made during the recent war-years. Psychologists, all over the world, have been impressed by the quantity and crude quality of aggression released in individuals and nations during the war, and by the impact of this aggression on those children and adults who were exposed to it as victims. Practical experience of this kind might naturally lead to a wish for better theoretical understanding of the phenomena which have been under observation.

On the other hand, this explanation, obvious though it seems at first

* Throughout the past ten years the findings of psychoanalysis have reached an ever widening public and have given rise to much discussion and controversy within and without the analytic and psychiatric world. The chapter in psychoanalytic theory which has remained most unpopular and which has given rise to a great deal of misunderstanding is the conception of the life- and death-instincts and their expression in the instinctual urges of sex and aggression. The author has, therefore, chosen this particular subject for an address delivered at the International Congress of Mental Health, London, August 1948, at a plenary session of the International Conference on Child Psychiatry. This address was part of a symposium on "Aggression in Relation to Emotional Development; Normal and Pathological" and will appear in the Congress Proceedings to be distributed shortly. (The Proceedings of the Conference will be published by Messrs. H. K. Lewis & Co., Ltd., 136 Gower Street, London, W. C. 1, in Great Britain, and the Columbia University Press in the U. S. A.) The paper is reprinted here with the permission of the Congress Authorities.

† London, England.

glance, proves misleading when examined more closely. The recent war has, in fact, taught us nothing about aggression which might not have been learned before. There has been no period in history when ample opportunities were not available for observations of the same nature. The role played by aggression in human relations was open to view through historical times in the wars between nations, the civil wars, the race wars, the oppression or extermination of minorities, religious persecutions, or the crimes of violence committed by individuals. Further material for the observation of aggressive behaviour has, at all times, been provided by children.

Young children, throughout the ages, have shown trends of violence, aggression and destruction. If anything, the parents and educators of past times seem to have been more impressed by this aspect of the child's nature than those in charge of children are to-day. The grim severity of many educational measures of the past was, after all, designed to check the "badness" of the children, i.e. their violence, their search for pleasure, their tendencies to harm, to hurt and to destroy. What has changed in the field of aggression is, thus, not the range of observable phenomena but the attitude of those who are observing and describing them. The former inclination of psychologists to look away from the crude and more displeasing manifestations of human nature, especially where children are concerned, to deny their occurrence or, at best, to belittle their importance, has given way to the opposite tendency—to a determination to scrutinize these forms of behaviour, to study and describe them in detail, to trace them baek to their origin and to assess the part played by them in the normal and abnormal development of the individual child.

Psychoanalytical Reorientation

It is a legitimate claim that this reversal of attitude in child-psychology has taken place as a result of the work and findings of psychoanalysis dating back as far as the beginning of this century or the years preceding it. Psychoanalytic psychology has effected a complete reorientation with regard to the role of the instinctive urges in the development of the individual. In pre-analytic psychology, childhood was regarded as a more or less peaceful period of progressive growth in which the instinctive urges, where they appeared, merely played the part of disturbing elements. Psychoanalytic psychology, on the other hand, ascribes to these same innate urges the main role in shaping the mind and forming the character.

Instinctive wishes, whether they express the needs for food, warmth and comfort, or the strivings of sex and aggression, arise from the body and make themselves felt in the mind as an urgent claim for satisfaction. They produce painful tension when they remain ungratified and pleasurable relief

when their aim is reached and the need fulfilled. Owing to the stimulation arising from them, the infant, from birth onwards, gradually develops a whole range of functions which enable it to avoid such pain, to gain such pleasure and, thereby, to maintain itself in a state of tolerable comfort. It gradually learns to distinguish between an inner and an outer world, to become aware of its surroundings, to store up and use experience, to control its motor responses; that is, the infant develops the so-called ego-functions which serve the purpose of wish-fulfillment. Since the infant's environment often withholds or opposes wish-fulfillment, conflicts of a new kind arise and require to be solved. All this serves as a stimulus toward increasingly higher development of mental functioning. Far from disturbing this process of growth, the instinctive urges—through the constant pressure exerted by them—serve as mind-builders.

Sexual Theory

For more than thirty years the psychoanalytic study of instinctual life was almost exclusively directed towards the manifestations of sexuality. The result of these investigations is, by now, well known. According to the psychoanalytic theory of sex, diffuse sources of sexual excitation exist in various parts of the body from birth onward and give rise to the pre-genital sex urges of infantile life. The origin of these component urges (the skin, the mucous membranes of the mouth and anus, the penis and clitoris) determines a sequence of sex organizations ranging from birth to approximately the fifth or sixth year of life: the oral, anal, and phallic sexual phases. Residues of these phases continue to exist in adult life, either as normal preparatory acts to genital intercourse (kissing, looking, touching) or, in the form of sexual perversions, as abnormal non-genital substitutes for genital intercourse. The psychoanalytic theory of sex thus widens the concept of sexuality so as to include the pre-genital and extra-genital activities, and antedates its onset from puberty to the beginning of life.

It took considerable time and a persistent struggle before these findings were accepted as valid for child-psychology. In fact, the battle for a new, "dynamic" type of child-psychology was fought out over this question of infantile sexuality. Owing to an overwhelming mass of evidence in clinical observations, brought in from the side of psychoanalysis, a number of child-psychologists gradually accepted the new views. This paved the way for the acceptance of further findings about the child's instinctual life. After the investigators of infantile sexuality had borne the brunt of the attacks by a public unwilling to abandon the notion of childhood as a period of innocence, the investigators of infantile aggression have comparatively easy play. Indeed, at times, their researches into the aggressive behaviour of the child

are received with an eagerness which suggests that the change of subject is welcome to the wider public which has never overcome all its resistances against dealing with the sexual problems of the child.

The Psychoanalytic Theories of Aggression

a) *Aggression as a quality of the pre-genital sex manifestations.* In Freudian psychoanalysis, the aggressive behaviour of children was observed first where it appeared in conjunction with their sex behaviour. Young children, while persuing their pre-genital sex aims, were found to possess a substantial amount of inconsiderateness for the feelings of others, hostility toward the environment, sadism, aggression and destructiveness. In analytic work these qualities became evident first in the phallic phase of sex development, in connection with the manifestations of the so-called Oedipus-complex, i.e. the violent love of the child for the parent of the opposite sex, accompanied by hostility and death-wishes against the rival parent of the same sex. The occurrence of sadistic and aggressive attitudes in the latter part of the oral phase (after teething) were also described. Above all, the peak period of aggressiveness was found to coincide with the anal stage of sexuality. On this level of instinctual development the wishes to harm or to destroy things or people, and to make sadistic attacks on loved persons were shown to assume equal importance with the anal interests themselves. This preponderance of aggressive tendencies on the anal level led to the description of this stage as the *anal-sadistic* phase, a term which is still in use.

b) *Aggression as a function of the ego. The "frustration-theory."* Further enquiry into the functions of the ego and their role for the processes of wish-fulfillment led to the tentative classification of aggression as an "ego-instinct." This implied that the aggressive impulses were at the disposal of the ego for its purposes of preserving life and safeguarding the gaining of instinctual satisfaction. The child was found to react with aggression whenever an instinctual wish failed to be gratified or was deliberately thwarted through intervention by the environment. Such occasions arise continually and inevitably during the pre-genital phases of development since pre-genital sex wishes, owing to their primitive, phantastic and unrealistic character, are to a large extent doomed to remain unsatisfied. This so-called "frustration-theory" of aggression is still maintained by many psychoanalytic workers.

c) *Aggression as the expression of the destructive instinct. The theory of life- and death-instincts.* In the further development of his theory of instincts Freud abandoned the conception of "ego-instincts," decided to ascribe instinctual nature and origin to the aggressive manifestations and, thereby, gave them in his evaluation equal status with the manifestations of sex.

In this assumption, which is known as the "Theory of the Life and Death Instincts," the whole range of instinctive urges is grouped under these two main forces, the life force serving the purposes of preservation, propagation and unification of life, the death- or destructive force serving the opposite aim of undoing connections and destroying life.

Sex is the representative of the life force, aggression of the destructive force. In clinical observation neither sex nor aggression can be studied in a pure form. The two fundamental instincts combine forces with each other or act against each other, and through these combinations produce the phenomena of life. The development of aggression is inseparably bound up with the developmental phases of infantile sexuality. On each level of sex development (oral, anal, phallic) the aggressive urges manifest themselves in different ways and by their manifestations, lend force to the expressions of the child's love life. Without this admixture of aggression, the sex impulses remain unable to reach any of their aims.

The fusion of sex with aggression makes it possible for the child to assert his rights to the possession of his love objects, to compete with his rivals, to satisfy his curiosities, to display his body or his abilities—even to obtain possession of his food and destroy it by eating it. Equally, in normal adult sex life, the carrying out of the sexual act presupposes on the part of the male sufficient aggression to obtain mastery over the sexual partner. Where in abnormal cases, through repression or inhibition of aggression, this admixture from the side of the destructive forces is lacking, sexuality becomes ineffective. In adult genital life this results in impotence. In the pre-genital stages of childhood the clinical pictures produced are those of feeding disturbances, weakness of emotional attachments, especially of the Oedipus manifestations, inhibition of curiosity and intellectual achievements, loss of pleasure in play etc. The aggressive urges, on the other hand, when for some reason not fused with the sex urges, manifest themselves as purely destructive, criminal and—in this form—uncontrollable and unmanageable tendencies.

Implication of the Theory of the Life and Death Instincts for Psychology

This, essentially biological, theory contains several far-reaching implications for psychology and child-psychology. First, it offers an explanation why the love-relations of human individuals are so commonly disturbed and interfered with by emotions of a hostile and aggressive nature. According to the theoretical assertions outlined above, the love- and hate-reactions of human beings are intermixed by nature, and from the beginning of object relationships in the life of the individual, both opposing tendencies are directed towards the same persons. This implies that the infant develops hostile as well as loving feelings toward the mother, over and above the

hostility which is aroused whenever the mother frustrates the child's wishes. The same tendency, to turn negative and aggressive feelings toward loved people, then remains through life and inevitably carries distress and bewilderment into otherwise happy and positive adult love-relationships. This inability to establish purely positive relationships in real life creates the well-known longing of human beings for "pure love" which has found expression in countless phantasies, day-dreams, utopias and other poetic productions.

Controversies and problems. Several controversial points, at present under debate among psychoanalysts, arise from the foregoing theoretical assumptions.

As mentioned above, there is divergence of opinion as to the role of frustration in the development of aggressive tendencies. Those analysts who have adopted Freud's theories of the life and death instincts consider aggression as an inborn instinctive urge which develops spontaneously, in response to the environment but is not produced by environmental influences. Those analysts who maintain his earlier "frustration-theory," regard aggression as the product of environmental influences, that is as the individual's answer to the thwarting of his instinctive wishes. (See the contributions made, in England, by John Bowlby.)

Further controversial questions are whether the interplay between two biological forces of opposite nature is in itself sufficient to create a state of conflict in the mind. And, if so, how far this conflict, i.e. a basic ambivalence of feeling, is by its very nature of vital and pathogenic significance.

A group of psychoanalysts in England, represented by Melanie Klein and her followers, answers the last two questions in the affirmative. According to their views, a vital stage in the emotional development of every infant is marked by the recognition that a loved object is in danger of being attacked and destroyed by virtue of being loved. When the loved object is no longer merely a part of the other person from which satisfaction is gained (such as the mother's breast) but a whole human being (the mother as a person), the infant feels guilt with regard to its destructive phantasies. This produces feelings of depression which are only lessened when reparative and restitutive ideas appear and bring relief. Melanie Klein considers this phase which she calls "the depressive position" an essential feature in emotional development.

Other analysts, in America and Europe, the author among them, hold the view that the coexistence of the two opposing instinctive forces in themselves is not sufficient to produce mental conflict. Clinical observation shows numerous states which represent a successful fusion between the destructive and erotic urges. (Eating, for instance, destroys the food for the purpose of

incorporating it; in sexual intercourse the partner is aggressively mastered for the purpose of intimate union, etc.) Further, in young infants, love and hate, affection and anger, tenderness and aggression, the wish to destroy loved people or toys and the wish to preserve and have them, can be seen to appear in quick succession, seemingly unaffected by each other, each controversial striving attempting with full force to reach its own aim. The mental representative of the two organic forces remain unrelated to each other so long as no central point of awareness is established in the personality. It is only the growth of this focal point (the ego) which results in the gradual integration of all instinctive strivings, and during this process, may lead to clashes and realization of incompatibility between them. According to these views therefore the presence of mental conflicts and of the guilt-feelings consequent on them presupposes that a specific, comparatively advanced stage in ego-development is reached.

Transformation of Aggression

All psychoanalytic writers agree that, at some moment or other in the development of the young child, the aggressive urges become incompatible with other strivings or with the higher agencies in the individual's mind. Aggression is then felt to be intolerable; the ideas, phantasies and wishes representing it are feared as dangerous, provoke outbursts of anxiety and are, for this reason, rejected by the mind. The methods used for their attempted elimination are the mechanisms of defence used by the ego to ward off and transform dangerous pre-genital sex strivings. These mechanisms have been listed and described in detail in the course of the psychoanalytic study of the sex urges.

Repression of aggression. Reaction-formation and inhibitions. Repression of aggressive and destructive strivings removes hostile intentions and death wishes against the loved parents from the child's consciousness without otherwise affecting their existence in the unconscious. To lessen the danger of their re-emergence from repression, the contrasting positive, loving tendencies are over-emphasized in the conscious mind. The child then develops reactive trends of excessive gentleness, horror of violence, over-solicitude and anxiety concerning the loved person's safety, health, etc. The crippling effect of such an inhibition of vital aggression for the child's love life and his essential constructive activities has been described above.

Projection and displacement of aggression. Before a strict division between the unconscious and the conscious mind has been established, aggression is warded off by other methods. Aggressive and destructive impulses are projected outward, that is, they cease to be felt as part of the child's inner world and are instead ascribed to persons in the external world, usually the same

persons against whom the original hostility had been directed. The child then becomes intensely afraid of these formerly loved people who assume the role of aggressors and persecutors.

Aggressive urges, again, may become re-directed from the child's main love-objects (the parents) to people of lesser importance in the child's life. This relieves the intimate family-relationships of their negative admixture. But the gain is off-set by the emergence of an excessively negative and hostile attitude toward people outside the family circle (such as complete strangers, casual acquaintances, servants, foreigners).

Attitudes such as these are not reversible by experience, since they are not rooted in a real assessment of the hated persons, but in the necessity of preventing the hate-reactions from reverting to their original, ambivalently loved objects.

Projection and displacement of aggression is responsible for much of the strain, suspiciousness and intolerance in the relationships between individuals and nations.

Turning inward of aggression. Certain quantities of destructive strivings are invariably directed against the individual's own self; normally their effects are counter-balanced by similar quantities of erotic urges which remain within the self. If, on the other hand, the destructive urges are too consistently directed away from employment against the object-world, too much aggression becomes internalized. The harmful consequences of such a distribution of aggressive energy become manifest in the bodily sphere as a heightened inclination to develop organic illness; in the mental sphere as a lack of self-possession, harsh self-criticism, excessive severity of the super-ego, depressive states, self-destructive and suicidal tendencies.

Sublimation of aggression. When fused with the erotic impulses the aggressive urges are relieved of their destructive qualities and make a decisive contribution to the purposes of life.

Practical Implications

Parents, educators, and workers in the allied field of child-therapy are, above all, concerned with two questions: how far the fate of the aggressive urges is determined by internal factors (such as hereditary disposition, inborn relative strength of the destructive and erotic urges, constitutionally heightened inability to tolerate the off-springs of aggression in the mind); and how far influence is exerted by external factors (such as parental attitudes, increase or decrease of deprivations and frustrations, strict or lenient methods of upbringing).

The answers to these all-important questions lie beyond the limits of this paper which can at best provide a short survey of the subject of aggression. I can only here express the opinion that they will have to be based on the

following clinical facts which have become available from the observation of the individual children and groups of children:

1. Increased frustrations of essential libidinal wishes (arising for instance from unloving, forbidding, rejecting attitudes of the parents) abnormally increase the child's aggressive reaction to the normal and inevitable deprivations to which every infant is subjected from birth.

2. The lack of steady love-relationships in early childhood caused either by internal or external factors (such as loss of parents or their substitutes, traumatic weaning from the breast, etc.) gives rise to states of emotional starvation with consequent retardation or complete stunting of the child's erotic development. In such cases the normal fusion between the erotic and destructive urges cannot take place and aggression manifests itself as pure, independent destructiveness. Instances of this kind are observed occasionally in family-life but are mostly studied with orphaned or otherwise deprived children, under war-conditions, in residential institutions, in camps, etc.

3. Destructiveness, delinquency and criminality in children, caused by the stunting of their libidinal development, as described above, are not open to direct educational influences such as severe control, punishments, admonitions etc. An appropriate therapy has to be directed to the neglected, defective side of the emotional development so that normal fusion between the erotic and the destructive impulses can follow and aggression be brought under the beneficial, mitigating influence of the child's love-life.

4. The child's spontaneous inner conflicts with the aggressive urges directed against the loved parents is strongly influenced by the tolerance or intolerance which the parents themselves show in this respect.

THE PATHOGENIC PROCESS IN SCHIZOPHRENIA*

By WILLIAM L. PIOUS, M.D.†

This communication is intended as a brief, preliminary presentation of a working hypothesis and certain related theoretical considerations about the pathogenic process in schizophrenia. It is, in essence, an outline which will serve as the basis for more intensive and extensive work. It is necessarily condensed and no extensive survey of the literature is attempted.

The Pathogenic Process and Dying

Freud[6] described the fact that the pathogenic process in a psychosis is concealed and silent and that the manifestations which are most often observed are those of reconstruction. I attempted to delimit the pathogenic process in a recent paper dealing with material from the analysis of an incipient schizophrenic.[17] I was able to point out that it followed immediately after an external deprivation, that its duration was very brief and that the detachment of the libido followed directly. My impression was that the detachment of the libido was a second step in the process. The process was so brief and indescribable that I left the subject at that time with the statement: "In some unknown way, the external deprivation brought about a sudden vacuum in the patient's psychic apparatus . . . followed by an abrupt 'emptying' (of the libido)."

I have had opportunity to work with other incipient schizophrenics and to supervise the treatment of such patients. In a number of instances it was possible to demonstrate the phase which I described as a "sudden vacuum." Its brevity, its lack of content and the colorful character of the phenomena which are almost immediately superimposed make it very difficult to detect. In trying to describe it I found myself using terms such as sudden stillness, sinister and uncanny hush. The patient would use adjectives such as coldness and emptiness. I was reminded of Freud's description of the operation of the death instinct. It occurred to me, also, that the patient, in describing what he called "focusing" (which followed detachment of the libido) said that, "for the time it takes me to see things again, those little details become my whole life."

The linking of what I observed as the pathogenic process with the idea of death and dying brought to mind a good deal of material from chronic schizophrenics. A patient who was in treatment for some ten weeks, de-

* This report is a continuation of an earlier clinical report,[17] with which the author assumed the reader would be familiar. However, the first report is being published elsewhere and will appear subsequently to the present paper.

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veloped a catatonic schizophrenia which continued without remission. This patient's break was initiated by the hallucination that he saw L. (a patient who had died some weeks before) beckoning to him. In a recently published autobiographical account,[19] the author, apparently a schizophrenic in remission, writes: "It is a fearful thing for a man to be mad and to be conscious that he is so. I am convinced that a thought of an intensely exciting nature passing through a brain in this state, or through one very easily excited naturally, can kill as quickly as a shock of electricity from a thundercloud and that the death-bearing messengers in both cases are nearly allied." Again, it will be remembered from the account of the Schreber[7] case that early in his illness he feared that he would soon be dead. Later, "He believed that he was dead and decomposing, that he was suffering from the plague; he asserted that his body was being handled in all kinds of revolting ways; and as he himself declares to this day, he went through worse horrors than anyone could have imagined. . . . " The delusions which Schreber developed were that he must save the world by becoming a woman who would bear God's children; that this transformation might take many decades and "Not until then, it seems, will he be able to die a natural death. . . . "[7] La Forgue[14] describes a schizophrenic whose reiterated request was, " 'Won't you give me some milk and some medicine so that I shan't die?' " Oberndorf[16] discusses the treatment of a patient who made the following statement: " 'in my case, I almost actually died that I might live—my ego had to die that I might live, and really I have had a different parent—for you, doctor, were mother and father to me.' " I am sure that everyone who has had experience with schizophrenic patients can add instance after instance.

There are other clinical phenomena which directly or indirectly show a relation or an alternation between schizophrenia, organic illness and dying. There are schizophrenics who die without demonstrable cause.* Many schizophrenics go through a period of suicidal or homicidal frenzy. It is a matter of everyday observation that chronic schizophrenics have remissions of varying duration when they become seriously ill physically. Menninger[15] cites a number of cases in whom organic illness seemed to develop in place of a psychosis and vice versa. He says, "The sacrifice of an organ is made to spare the life of the individual, the hysterical symptom develops in order to spare the life of an organ (p. 410)." Brill[2] discusses a number of patients, dying of organic illness, who react with euphoric and megalomanic manifestations. He infers that there is an unconscious awareness in these patients

* cf. J. N. Rosen: A Method of Resolving Acute Catatonic Excitement. *Psychiatric Quart.*, 20:183, 1946. ". . . concluded on the basis of clinical and autopsy findings that the illness was the result of a schizophrenic process and the cause of death the psychosis itself."

of the process of dying. He indicates similarities in the behavior of schizophrenic patients and of patients who are afflicted with fatal illness.

It is not my intention to enter into a discussion of the death instinct as an abstraction. I do, however, assume that since dying is a universal organic phenomenon and that as such it is reflected in the psychic life by energies with a particular quality. I will refer to these energies as "mortido," a term originated by Federn. These energies undergo a complicated development (described by Freud,[9] Alexander,[1] Menninger[15] and others) and become manifest in phenomena of aggression and destruction and in the behavior of the superego. The fact that all living organisms die day by day does not in itself produce any apparent anxiety or symptoms. Such symptoms would be based on a quantitative factor, an increase in the rate of dying which would be related to an increase in the tension or quantity of mortido. I think Freud[10] inferred such a quantitative factor when he spoke of life as a circuitous way to death, specific for each organism. He said, "the paradox comes about that the living organism resists with all its energy influences (dangers) which could help it to reach its life goal by a short way (a short circuit, so to speak)...."

The action of the mortido in mental and physical illness is described by Alexander:[1] "The 'erotization' of the biological processes in the diseased organ, an early finding of Ferenczi's, is recognized as a part manifestation of the total disease process. The erotization is not the true disease process but the attempt on the part of the organism at healing, the reaction of Eros to the primary destructive tendency of the death instinct [mortido], (p. xviii) .... just as in organic conditions, so in psychic illness, the true essential disease process—which also ushers in every illness—is a turning back upon the self of the outwardly directed death instinct. The conspicuous phenomena of symptom formation already are a part of the healing attempt, and are manifestations of Eros (p. xix).... The quantum of Eros needed to neutralize the inwardly directed death instinct is taken away from object relations. In this way, with every disease process there occurs a reduction in the amount of freely available object-libido. Every patient, no matter whether he suffers from an organic or a psychic illness, becomes narcissistic at the expense of his object relations.... This turning back of the destruction instinct against the patient's own self, and the retraction of object-libido for the neutralization of the destructive tendencies, are then the two conditions for the formation of a neurosis as well as of organic disease (p. 141)...."

The Ego

With the occurrence of what I described as a "sudden vacuum in the patient's psychic apparatus," all evidence of ego-functioning disappeared. I observed what must have been the pathogenic process in the patient re-

ferred to above on a number of occasions. It would be followed directly by a detachment of the libido and for a very brief period all the libido would apparently disappear. The patient would appear lifeless. The entire phenomenon may have taken not more than a second. It would be followed by the reappearance of ego-functioning. Sometimes the patient seemed to be restored to the previous level of functioning in a matter of minutes. On other occasions the restoration required a period of days or weeks. On such occasions the ego-organizations which emerged at first were primitive or archaic. Such emergence of primitive or archaic organizations of the ego is even more manifest in full-blown schizophrenics.

I do not believe that the basic pathology of schizophrenia is in the ego organization proper. It is my impression that a quantitative factor is involved: the less libido available for cathecting the ego, the more primitive the presenting ego-organization. Freud points out, in his paper "The Unconscious," that hypercathexis is necessary to bring about higher organization in the mind. In the patients whom I have observed, the more highly organized, relatively normal ego functions would be restored as sufficient libido returned from the pathogenic process.

I infer from the clinical evidence that the ego possesses a number of potential ego-organizations, ranging from the most archaic to the most highly organized for that individual. Freud[8] has described this phenomenon in the following passage: ". . . every earlier stage of development persists along side the later stage which has developed from it; the successive stages condition a coexistence, although it is in reference to the same materials that the whole series of transformations has been fashioned. The earlier mental stage may not have manifested itself for years; but none-the-less it is so far present that it may at any time become the mode of expression of the forces in the mind, and that exclusively, as though later developments had been annulled, undone." Each of these organizations has its own characteristic ways of functioning and means of expression. The quantity of libido available for ego-cathexis plays an important part in determining which one of these organizations will function. In some of the patients I have observed it was possible to detect a "shadow," as it were, of one ego organization as it was being replaced by a higher or lower one.

The Superego

An important phenomenon was the development of what the patient[17] called his "mental image" of the analyst. The behavior of this "mental image" showed a striking correlation with the patient's clinical state. When the "image" was clear and undistorted the patient was in good contact and functioning with a relatively normal ego-organization. During those periods when the available libido was diminished subsequent to the pathogenic process, the "image" was distorted and threatening. During

the first two years of his treatment the patient required daily contacts to retain the "image."

From the subsequent analysis of that patient, it could be demonstrated that the "image" functioned as a superego. It was also clear that the development of the "image" and of the capacity to retain it were decisive in sealing off the pathogenic process. From the time that the "image" was firmly established, analytic work proceeded without danger of a psychotic episode. On the basis of this material and similar material from a number of other patients, I became convinced that the fundamental structural pathology in schizophrenia most probably lies in the formation of the superego. Furthermore, it occurred to me that the sudden appearance of a "vacuum" in the psychic apparatus of these patients is related to the defect in the structure of the superego.

Theoretical Considerations

The schizophrenic break can usually be shown to have followed a frustrating experience. Instead of becoming angry or depressed, the patient withdraws and for a time will give evidence that his ego-organization is functioning, so to speak, on a lower level. Ferenczi,[3] in his discussion of the acceptance of unpleasant ideas, postulates that an obstacle in the environment brings about instinct defusion and aggression. He says (p. 372), "The emergence of ambivalence would thus be a kind of protective device, instituting the capacity for active resistance in general, which, like the mental phenomenon accompanying it, recognition of the objective world, signifies one of the means of obtaining mastery over it." He goes on to say that objectivity is achieved by inhibiting the instincts which have been released in this fashion and allowing a "fresh instinctual fusion."

Freud, Alexander, Menninger and others have pointed out that suppression of aggressiveness increases the aggressivity of the superego to the ego. Freud[11] says, "Theoretically, as a matter of fact, we are in doubt whether we ought to suppose that all aggressiveness that has turned back from the external world is bound by the superego, and so used against the ego, or whether a part of it carries on its silent, sinister activity as a free destructive instinct in the ego and the id. . . . It is quite likely that when on subsequent occasions aggressiveness is suppressed the instinct follows the path which was opened to it at that decisive period (development of the super-ego)." Again, Freud[9] says (p. 79), "It is remarkable that the more a man checks his aggressive tendencies towards others the more tyrannical, that is aggressive, he becomes in his ego ideal."

The inference which is important for this presentation is that the superego functions to contain pent-up aggressivity (mortido*). It behaves, as it

* The terms "aggressiveness" and "aggressivity" require clarification. At times, they are used to refer to instinctual energies and at other times, to the behavior of

were, like an elastic container. Increases in its tension have varying effects on the ego-organization. The effects have in common a pressure toward activity which would tend to bring about a reduction in the super-ego tension. I believe that at least four steps have to be postulated in describing any act of aggression: (1) the perception of an obstacle or other frustration; (2) an instinctual defusion; (3) an increase in the mortido tension in the superego; (4) activity undertaken via the ego-organization.

However, what if the superego is defective? It would no longer act to contain the mortido, but instead, the mortido would flood the psychic apparatus. This would be equivalent to a sudden and marked increase in the rate of dying. There would be no pressure on the ego-organization to undertake aggressive or adaptive behavior. Instead, just as in an organic illness, the libido would be drawn away from its attachments in the ego-organization in order to neutralize the mortido. These phenomena constitute what I conceive to be the pathogenic process in schizophrenia. As the obstacle or frustration is removed or diminishes in intensity, the quantity of mortido decreases and at least some of the libido returns to reinvest the ego-organization. This is the reconstructive phase. If the previous ego-organization is re-established, the person is considered non-psychotic. If, however, there is insufficient libido for this purpose, more primitive types of ego-organization emerge which form the basis for the clinical picture of a schizophrenic psychosis.

I believe that the defect in the schizophrenic's superego results from a pathological relation of the mother to the patient in his first months of life. Fromm-Reichman in her lectures on "Psychoanalytic Psychotherapy of Psychotics" used the expression "schizophrenogenic mother." Rosen[18] is firmly convinced, as the result of his work with chronic schizophrenics, that the most important etiological agent is an unconsciously hostile mother. Anna Freud[5] stresses the importance of the child-mother relation for the development of object love. She says that under the influence of an inadequate mother there is not an adequate transformation of narcissistic to object libido; as a result, the destructive urges are not sufficiently bound and there is weakening of ego and superego functioning.

Prior to the definitive establishment of the superego, the child has formed primal identifications, particularly with the mother figure. Freud[9] (pp. 39, 40) points out that the identification with the parents lies behind the origin of the ego-ideal. "This is apparently not in the first instance the consequence

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the individual. Freud says in this connection (Collected Papers, Vol. IV, Chap. 4, London, Hogarth Press, 1925, p. 80) ". . . the attitudes of love and hate cannot be said to characterize the relations of instincts to their objects, but are reserved for the relations of the ego as a whole to objects." The term, aggression, connotes more or less organized behavior and is therefore a function of the ego-organization. I refer to the instinctual energies involved as mortido.

or outcome of an object-cathexis; it is a direct and immediate identification and takes place earlier than any object-cathexis; but the object-choices belonging to the earliest sexual period and relating to the father and mother seem normally to find their outcome in an identification of the kind discussed, which would thus reinforce the primary one." This primary identification is, I believe, identical with the "memory-picture" which Freud[12] refers to in his discussion of infantile anxiety: "The memory-picture of the person longed for is certainly cathected in very intense degree, probably at first in hallucinatory fashion." Brill[2] says (p. 161), ". . . the superego is . . . (also a precipitate) of the consoling, loving mother." Geleerd[13] in her study of psychotic children writes: "In his (the child's) development toward greater independence, it is reassuring to him to know that if the need arises his mother will be there to take care of him again, to protect, help and love him. The somewhat older child seems to begin to erect the image of this loving mother in his fantasy, which in her absence he uses to comfort himself."

The superego, then, develops from several loci, the earliest of which is an introjection of the loving and protecting mother image. I believe that the development is jeopardized by prolonged privation and by hostility in the mother. Ferenczi[4] writes: "The child has to be induced, by means of an immense expenditure of love, tenderness and care . . . ; otherwise the destructive instincts begin to stir immediately, . . . the infant is still much closer to individual non-being. . . . " Again (p. 126): "All the indications show that these children had observed the conscious and unconscious signs of the aversion or impatience of the mother and their desire to live had been broken by this." To continue the comparison of the superego with an elastic container, one could say that the primary mother image constitutes the walls of the container.

Summary

The capacity to tolerate frustration depends then on the existence of a fairly intact superego organization. The mortido liberated by the instinct defusion attendant on the frustration is contained by the superego. This allows the time necessary to use judgment and the impetus needed to take action. The resulting action may be more or less appropriate to the situation but the effect will be to diminish the tension in the superego. In schizophrenics there has been a defect in the development of the containing power of the superego. The reaction to an instinctual defusion is an instantaneous flooding of the psychic structure with mortido. This is equivalent to an imminent catastrophe, a sudden increase in the rate of dying. The libido leaves its attachments in the ego-organization to enter an elemental struggle for the life of the individual. The restoration is probably relatively complete

in the earlier stages. If, however, there is no help available, the restoration may take place at lower and lower levels of ego-organization until finally, "the inner utilization of the death instinct would be so complete that all the object-libido available would have to be sacrificed for its neutralization[1] (p. 168). . . ."

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THE STRUCTURE OF THE GROTESQUE-COMIC SUBLIMATION

By ANNIE REICH, M.D.*

The most interesting vicissitude of an instinct is the so-called sublimation. In sublimation the original sexual aim of an instinct is given up and a new desexualized one is assumed. This new aim is genetically related to the original one but is regarded as socially and culturally more valuable. Simultaneously with this desexualization the renunciation of the original incestuous object takes place.

Psychoanalysis always has stressed the importance of this process. However, a number of problems still need further elucidation. It is, furthermore, by no means possible to understand fully the problem of talent. Talent is the entity of preconditions which enable a person to transform the diverted sexual instincts into creative achievements. In persons without this precondition of talent the same conflicts may lead to neurotic symptoms or character deficiencies. We know nothing about the nature of these preconditions, but we can at least understand when analyzing sublimations, what kind of transformation has occurred and what dynamic and economic changes have taken place. And we can understand some of the conditions which are responsible for the success or failure of sublimations.

I do not venture to investigate the structure and dynamics of sublimation in general, but I will restrict myself to one very special kind of sublimation; to the analysis of the grotesque-comic. Grotesque-comic productions are particularly labile. Ernst Kris, who has contributed much to the problem of the comic speaks of the "double-edged character" of the comical. The grotesque-comic as a special type of comic is subject to this lability to a particularly large extent.

In the realm of psychology, psychopathology frequently offers the best approach to the most important insights. Thus the analysis of the failure of a grotesque-comic sublimation seems to be a suitable method of investigation.

I wish therefore to report a fragment of a case history which throws some light on the nature of an artistic sublimation of this kind and at the same time on the conditions for its success or failure.

A charming young woman—Catherine—has an outstanding talent for grotesque-comic acting. She puts a little make-up on her face and runs her comb twice through her hair; she wraps a rag round her body and makes a funny face—immediately she is transformed into a clown, a prostitute, a funny old spinster, or into the grotesque caricature of a person well-known to her who provokes her derision. Then extemporaneously she plays a little scene till her audience roars with laughter. Usually in these

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sketches she makes use of some little incident that nobody else considers funny. Catherine is capable of seeing something ridiculous in everything and everybody. Her ridicule seems to be infectious to her audience, who all of a sudden begins to see the mocked person through Catherine's eyes and mocks with her. Catherine has terribly sharp eyes. She perceives all the deficiencies, insincerities and ridiculous aspects of her environment. She has a peculiar faculty of seeing beneath the surface of a human being. She understands all secret vices, weaknesses and hypocrisies, and is able to portray them by means of a casual word or gesture. These representations are acted caricatures, comic exposures and exaggerations by means of which she unveils the intuitively understood unconscious of others.

From childhood on, Catherine's one great ambition had been to become an actress of comic roles. Although she was undoubtedly talented, she could not achieve this aim; whenever she made an attempt to further her career she was paralyzed by an attack of anxiety and developed a peculiar symptom. Once, for example, she was asked to present herself at a certain theatre which was situated in a district which she knew well. On her way she suddenly lost her sense of direction and wandered for hours, lost and helpless, through the streets. At the same time she felt utterly changed. She was no longer the self-sufficient charming young woman. She felt like an awkward and miserable girl from a small town who had for the first time in her life come to the big city and who was shy and bewildered and did not dare to open her mouth. She was transformed into a living caricature, into one of the creatures whom she herself loved to impersonate so comically. It was not an artistic performance this time, but an involuntary transformation against which she was helpless. She was, of course, incapable in this state of doing anything for her career.

A similar peculiar transformation took place also on other occasions, for example, when she witnessed another woman trying in vain to get admiration and love by inadequate means, and being exposed. Once Catherine went to see a seamstress to have some work done. The seamstress was a miserable hunchback, living in a dismal apartment. Her pale face showed signs of loneliness and resignation. But a very striking coiffure with curls and pink ribbons indicated her desire to attract attention. Catherine sensed immediately the comedy and tragedy of this life and suddenly she was identified with the seamstress. She too was a hunchback and she too envied the patrons who were going to wear the silk nightgowns and negligees during glamorous nights of love. For many hours Catherine lived this strange life, paralyzed with terror and incapable of being herself again. The next day at a party Catherine acted the lovelorn seamstress and everybody thought her extremely funny.

However different these two situations are, they have a common element: an attempt to attract and the possibility of its failure. In the first case, Catherine, anticipating her own failure, becomes one of the ridiculous females whose failure she loves to caricature. In the second case she actually witnesses another woman's failure and has to identify with her. Only long after the event does she succeed in mastering her anxiety in play. But in the most important struggle of her own life, in her attempt to make use of her talent for a career, the anxiety is too great and she finally has to resign herself to failure.

When trying to allure a man the described reaction did not occur. Catherine knew very well how to make men fall in love with her. She played with

them without yielding anything. Her greatest pleasure was to make men single her out and to expose their passion for her in public. In that way she turned serious men into ridiculous creatures. Her most successful means of achieving this purpose was to amuse her admirers with comic performances and stories. The butts of these stories were usually other women, potential rivals with whom she felt compelled to identify under certain conditions.

In her childhood Catherine had to compete with a whole group of rivals. She was the middle one of three sisters, who together with the mother sought their father's love. The father was an important man who reigned like a biblical patriarch over this female clan. When only six years old Catherine played in the family the same role as later in life. She was by far the most intelligent, talented, and charming one of them. She was the family clown and her funny stories set the family table in an uproar. The essential butts of her performance were always her mother and her sisters, whom she mocked and whose ridiculous traits she impersonated. But as this would have been too shocking she made use of substitute objects. At that age she was already a master at imitating and caricaturing others. Thus she succeeded in forcing laughter even from her father, who did not like her jokes and disapproved of her behavior. He thought she was frivolous and foolish.

In Catherine's stead her father had wished to have a son who would be his assistant and successor. He expected Catherine to substitute for this son and she had to live up to this ideal. Thus the father later on denied that her comic acting was of any artistic value and and objected to her wish to enter an artistic profession. Art was reserved for the eldest sister who, though lacking in talent, was urged to become a musician. Catherine might have secured her father's consent to become an actress if only she had persuaded him in the right way, for he was very devoted to his children and especially fond of Catherine. But she would not implore him. He had to acknowledge her talent. It appeared to her inferior and cheap to obtain his approval by flattering him and by being affectionate. Moreover, Catherine was full of opposition and resistance. While all the other women admired the father uncritically, she did not believe anything he said and everything had to be proved to her. She observed him with critical eyes; no weakness escaped her attention and she criticized him publicly. At the same time she suffered terribly because of his rejection, but she was compelled to tell the truth about him and herself and hoped he would love her just as she was. If he objected to her clowning she felt her very nature disapproved of. She would not try to win him, as the others would, by being a good girl. She would not openly attempt to please him. She had only one way of attracting: the grotesque-comic performance. Her only conscious wish to provoke the father to laughter.

Why could she not try to please her father? She felt that she was his

favourite child and that she surpassed the mother and both sisters in talent, charm, and personality. But she could not make any real use of her superiority over the rivals when trying to win her father because her superiority feelings were always interrupted by severe attacks of anxiety. All of a sudden she felt ugly and miserable and threatened by various feelings of bodily insufficiency. She was unhappy especially about her nose, which she considered too small. This was based on the teasing of a somewhat older playmate who used to say: "Oh, you have no nose at all, you have only a hole!" She reacted exaggeratedly to this mockery. Even years later, when she was grown up, she had some hypochondriacal feelings connected with her nose. She felt deformed by a tiny scar on her nose and had the impression that everyone on the street was looking at her and mocking her.

We understand why Catherine could not attract her father by being an obedient girl. She felt miserable and deformed and she was able to employ but one means of reaching out for him: confession. During analysis Catherine suddenly remembered the event that made this special compulsion to confess understandable. During the time of her analysis she had to undergo a minor but rather painful genital operation. At the moment of the greatest pain she suddenly felt as if she were yielding to an overwhelming and at the same time destructive sexual act. "This is right," she thought. "It has to be like this. I went through this once. I once gave myself to somebody so completely, so exclusively, with such suffering." And then she knew: As a little girl of probably five or six years there had been some sexual play with the same boy who later ridiculed her small nose. In the course of this the violent boy raped her. She remembered the blood and her tremendous fear that she now was forever ruined and deformed. She remembered how she later investigated her genitals in panic, but now noting the difference between her body and the boy's. She was convinced that her own penis had been destroyed by the painful love-experience and that an ugly wound was the result. This experience was repressed, but the feeling of suffering from a secret deficiency distorted her later life. This life was indeed nothing but one great attempt to correct the dreadful consequence of her early sexual experience.

The boy had been only a substitute for her father, who was in fact the center of the child's phantasies. The sexual experience did not remove her from her father, but on the contrary she now longed for him more than ever. She was justified in thinking that her father would withdraw his love from her utterly if he came to know of her sexual crime. And moreover, her sexual mutilation was a real one. How could she possibly be loved anyway? At the same time, though she was only a little girl, she knew now how much a man was in a woman's power when he became sexually aroused. Hence she tried more than ever to seduce her father by exposing herself. She did not

expect him openly to become excited sexually, which was of course impossible, but at least she wanted to excite him to laughter. Laughter was a substitute for sexual excitement. Success in that direction meant that her father approved of her disguised sexual activities and in this way rendered unnecessary her fear concerning her genital deformity. Since she could not exhibit something beautiful she exposed in an only slightly veiled way the castrated, mutilated genitals, but in a way as if she were not exposing herself but the body of somebody else. "Look. Here are the castrated genitals. But they are not mine. They belong to my mother, to my sisters."

Knowing how deformed she was, she feared all the more that her father would prefer not only her mother but also her obedient sisters. Furthermore, she feared her mother's criticism. Constantly she felt rejected and unjustly criticized by her. Probably she provoked this disdainful treatment out of her guilty feelings. In any case, jealousy, fear, and not least, disappointed love made her more and more hostile toward her mother. This was an additional reason to attack mother and sisters in her comic performances and to lower them in her father's eyes as castrated creatures. By projecting her own disgrace onto her sisters she not only rehabilitated herself, but at the same time destroyed her rivals.

In her struggle to rid herself of her guilt feelings the tortured child became a fanatic for truth. Not only did she find out that mother and sisters had the same genitals as herself, but she became keenly aware of all their weaknesses and deficiencies which she then portrayed in her caricatures. In time her faculty of observation increased, her ideas grew more brilliant, her means of expression more abundant: the childish games developed into artistic performance. The better the performance the more certain the applause, which she needed to get rid of anxiety and guilt. But Catherine's father was not a good audience. He disapproved of her acting and in this way condemned the child's sexual activity. This was disastrous for her further development: without her father's consent she could not become an actress.

By acting Catherine tried to utilize her infantile instincts in a true sublimation; i.e., detach these instincts from her incestuous objects and to direct them toward desexualized aims which were culturally more important. Accomplishment and success would have erased the narcissistic injury of childhood. But she failed. Whenever she reached out for professional accomplishment the fatal situation of her childhood repeated itself. It was as if her father saw through her and denied her art any value. Thus the way leading to desexualization of the daughter's relationship to the father that would have enabled her to build up a stable sublimation was blocked. The father's rejection held her in the sphere of the forbidden incestuous relationship and compelled her to endless revenge in the form of seduction and

exposure of men. Whenever this additional sexual purpose was conscious and permitted, Catherine was in full command of her art. But when profession and achievement alone were involved and sexuality was as forbidden as in childhood, Catherine became helpless and unable to overcome her anxiety by acting.

Let us sum up. What forces drive Catherine to production?

Since early childhood Catherine has never been free from the terrible fear of being deformed. In life she is compelled to hide her defect with great effort. Everything about her has to be perfect. She cannot stand criticism and has to be admired. In her grotesque-comic play she can drop the mask, she can behave as she feels. No more does she have to cover her deficiencies, but she can say: "Love me as I am!" Thus, suddenly, a very large amount of countercathexis becomes superfluous, permitting an intense feeling of pleasure and relaxation. Now she makes fun of her former terror and plays with her deficiencies, thus demonstrating that she is no more a helpless victim of her fear of castration. This liberation is made possible by the projection of her deficiency. She attributes her deficiencies to her rivals, exposing them in this way to the curse of ridiculousness, and thus discharging her aggressive tendencies. Simultaneously she can permit herself the otherwise forbidden exhibition of the genitals which is accepted now in spite of all deficiencies, and which excites and seduces though only to laughter. This exhibition is of a special type. It is a masochistic one. The early love experiences of the little girl were masochistic. Demonstration of the deficiencies is supposed to evoke sexual interest and in the end to stimulate the repetition of the early sado-masochistic love-play. The embarrassing exposure which was originally the introduction of the masochistic experience takes over now the entire cathexis of the process and becomes its weakened substitute. Masochistic exhibition takes the place of open masochistic gratification.[1]

But the grotesque-comic play cannot be understood merely as a more or less disguised breaking through of instincts. Here the repressing forces as well as the repressed ones are condensed, just as in the true conversion-hysteric symptom. At the same time the grotesque-comic performance has the meaning of confession, self-humiliation and self-punishment. Thus the requirements of the super-ego are fulfilled simultaneously. It is evident why Catherine is striving with all her being for this opportunity of expression. So many psychic needs are satisfied by this achievement. So many instincts find discharge, not flooding the ego but subjugated to its mastery. These instincts are deliberately evoked by the ego which makes use of them for the purpose of gaining pleasure. Thus the anxiety, which under ordinary

[1] Similar ideas were recently expressed by Theodor Reik in his paper: "Characteristics of Masochism," *American Imago*, 1:26–59, 1939.

conditions is always the consequence of such a return of the unconscious, is controlled.

But this grand attempt is not successful. The sublimation fails—anxiety breaks through.

This case material permits a rather clear understanding of the conditions which result in success or failure of grotesque-comic sublimation. We may try to make use of the insights we can gather from this case for a more general understanding of the precondition of success of comic sublimation.

The problem of the condition for successful comic production has been the subject of several psychoanalytic investigations. Besides Freud's basic work on: "Wit and the Unconscious" I mention only the works of Sachs, Reik and the very illuminating paper by Ernst Kris on caricature. In every case the comic effect results from an economizing of psychic energy and from a persistence of the infantile. A sudden breaking through of instincts under conditions which make them acceptable to the spectator's ego, so that counter-cathexes are unnecessary, is experienced as comic pleasure. Grotesque-comic productions as well as wit are social phenomena. Only the laughter of the hearer makes the originator of the wit burst into laughter, too. That means the witticism is a good one. Only the applause of the audience makes the comic performance successful, for only the approval of the audience makes the guilt feelings of the actor superfluous.

Kris[2] points out an additional element as essential for the comic: What today impresses us as comic was terrifying yesterday. The triumph resulting from mastering the past anxiety helps by repeating the victory and overcoming half assimilated fear. Thus the function of the comic is to overcome anxiety while at the same time it is based on already mastered anxiety. From this essential peculiarity of the comic arises the double-edged character: the ease with which it passes from pleasurable success to unpleasurable failure.

Our case seems to verify these assumptions. In her comic play Catherine demonstrates that she does not fear her castration any more, but is able to make fun of it and can use it to stress the difference between herself and her rivals to her own advantage.

Some form of disguise to hide the real instinctual aims is a prerequisite for success of any comic production. The grotesque comic is characterized by a special form of disguise, that is by particular disfigurement and deformation of the object. To understand the specific mechanism that is going on here and at the same time the particular difficulty of achievement and the great probability of failure of these endeavors to produce comic pleasure it seems to be necessary to consider the particular instincts in-

[2] Kris, Ernst: Ego-Development and the Comic. *Internat. J. Psychoanalysis* 19:77-90, 1938.

volved. In our case we find: exhibition of devaluated parts of the body, of defects, which serves via projection at the same time to unmask the rivals. Confession and self-punishment are combined with aggression against others. This combination of aggression and exhibitionism turned simultaneously toward the actor's own body and against a hated rival are, I assume, typical for all cases of grotesque-comic art whether theatrical or graphic. The synthesis of these contrasting components seems to be the most effective method of weakening and disguising the infantile instincts. The combination of gratifications and punishment seems to be ego-syntonic.

The most important factor of disguise is the mechanism going on in the performing area itself. The aggressive actions are not done to the real object but are expressed on the body of the actor. Kris emphasized in his paper this demonstration of aggression on a substitute object, as the most essential element in caricature. The deformation of the picture takes the place of the real degradation of the object. This disfigurement is a substitute for injuring the real object. Kris considers this a residue of old magic practices. The primitive believes in image-magic. For example, by destroying the effigy of a hated adversary, he in fact kills this enemy. Following Kris's assumptions, we discover the derivatives of gesture magic in grotesque-comic acting. What is demonstrated on the actor's own body, is intended to happen to the object. The ridiculous deformation of body and soul that Catherine demonstrates in her own person, she wishes to happen to her enemies. And in her unconscious she believes in her magic power to transform her competitors in reality.

Similar mechanisms are to be found in the play of children and in primitive customs. The child, for example, makes faces at another child, indicating: "I'll make you look like this!" The second child's reaction of rage proves his understanding of the evil wish. The primitive who seeks to bring rain by urinating on the dry field demonstrates with his own body what he wants the gods to do. For the purpose of artistic representation such primitive forms of expression are revived. They speak to us immediately, we understand them, since they are familiar to us.

The comic achievements depend, of course, on the spiritual and cultural level of actor and spectator. The film-comedy, for instance, the climax of which consists in the throwing of custard pie at one another, may evoke outbursts of laughter from an average movie public while more refined people may consider the picture boring and coarse. The failure of the comic achievement may occur because the form was too poor or the outward or inward situation of the observer unsuitable, and instead of laughter it provokes boredom, disgust, or even sometimes dread.

Let us stop and review for a moment our insight into the nature of grotesque-comic acting: grotesque-comic performances are acted caricatures.

The disfiguration is based on the actor's previous fear of castration which he can utilize now for his aggressive purposes by raising himself high above his rivals and by destroying them by magic means. The success of the performance itself serves as the reassurance that the original castration fear is unnecessary and as a gratification of exhibitionistic impulses.

It is therefore easy to understand what public disapproval means for the actor. The mastery which the ego has won with great effort over the anxiety collapses. The original anxiety breaks through and the attempt to get rid of guilt-feeling in this way fails. The disapproval of the public means not only public exposure but also proof of his guilt. The aggression which he wanted to discard in this way is now nevertheless forbidden and turned against his own person. He confessed but he was not absolved, and the self-accusation was transformed into an accusation by the outside world. The result is anxiety and a deep depression. Probably often even acclamation from outside is incapable of preventing this reaction from occurring: the forces of the actor's own conscience are too strong and therefore he is overwhelmed with anxiety and guilt. This is why many comic artists in the various branches are ill-humored persons with a tendency toward deep depression.

We were able to observe the failure of the comic performance in Catherine very well. Her mood changed whenever something reminded her of her father and his rejection. What just a moment ago she had enjoyed as a funny play, she experienced suddenly as a tragic reality. She now became in reality ridiculous and deformed and in her own body she experienced the pains meant for the recently ridiculed adversaries. It becomes obvious here that the origin of the grotesque-comic performance is a magic one. Now the evil spell turns back against the subject herself. There is no difference in the contents of the presentation, but what was previously performed voluntarily and actively for the purpose of gaining pleasure has now overwhelmed her. She is now passive, helpless and exposed. What formerly was play, now is serious. What was formerly exhibitionistic pleasure is now nothing but the torture of confession. The childhood situation, her mutilation through her own fault, is repeated again. Whatever she tried to master by her artistic attempts has broken through. The comedy has become tragedy again.

The depressive disposition of comic artists, caricaturists and the like seems to indicate that the process observed here of transformation into the attacked and ridiculed object is typical of the case of the breakdown of the comic mechanism. The involuntary transformation of Catherine seems to be therefore more than just a special neurotic symptom in a special neurosis; it seems to be a typical illustration of the process that takes place whenever such a sublimation fails. But this process as a rule remains unobserved and unconscious and only resulting depression and horror is experienced.

This terrible result of failure, the transformation described, is based on the particular combination of instincts we assumed to be essential for all forms of grotesque-comic creation. The turning back of the aggression from the object to the subject takes so to speak a prepared course. From the start the aggressive unmasking of the object was linked with the exposure of the artist's own castration. That this particular constellation is in fact as a rule to be found in grotesque-comic art of all kind I should like, if not to prove, at least to state as a probability. It seems to me that whenever someone is talented in caricature or grotesque-comic acting and the like, a tendency to self-exposure creeps in beside the wish to expose others, and that this tendency to exhibit and to confess produces the driving force for creation.

In the performances of clowns we can observe, free from all moral justification, the instinct structure in question in the most provocative and concentrated form. Here the indecent sexual factor is most conspicuous. Here above all the comic verges suddenly on the repulsive. As the justification of "great art" is lacking, the danger of a break-through of anxiety is particularly imminent. What does the clown represent? He demonstrates himself as dumb, awkward, disfigured, soiled, beaten, ridiculed. The typical situations of the comic movie stars are, though on a somewhat higher level, almost the same. Even the heartstirring Chaplin exposes again and again his anxiety, his helplessness, his humiliation and his flat feet. What may be the motives for this self-humiliation in the clown and this demonstration of misery in the actor? Here, too, the onlooker is seduced to laughter. It seems that the clown who feels castrated and incapable of phallic exhibition wants at least to provoke laughter by means of this exhibition on a pregenital level. But this seems only partly to cover the situation. Here, too, aggression against a third person is shown on his own body, here, too, the disfigurement of his own body is a magic gesture intended to destroy an adversary. But here the third object is not always known and thus the aggression as a whole can remain undiscovered.

The clown, for instance, imitates and ridicules the rope dancer who some minutes before had evoked admiration and slight horror by his neck-breaking tricks. By awkward falling and faltering the clown not only demonstrates his own clumsiness, but reveals his wish that the artist should tumble from his rope. He expresses with his body what he wishes to have happen to the more successful hero.

The depressive disposition of most clowns seems to indicate that the attempt to tear down the envied rival, who unconsciously stands for the father, does not remain unpunished. Here too, the funny play turns into terrible reality, that is, instead of triumph the clown frequently experiences dejection. Here too, the playful self-exposure has a devastating effect on the self-esteem.

It appears as if the grotesque-comic performer would vacillate between melancholic depression and mania. There exists of course a basic difference between the feeling of bliss and gratification, which stems from the success of comic performance, and mania; while the feeling of joy and power in mania is caused by a deep-going ego-regression, in the comic sublimation the ego is really great and powerful. Deliberately it draws forth the otherwise repressed instinctual impulses from the unconscious and plays with them. If the fateful transformation occurs again, the ego again loses its power, is flooded by the impulses and its existence is threatened in two different ways: the one is the breakdown of the defence against castration fear; the other is identification with the hated object, a process which has great similarity to that in melancholic depression, though here too some important differences are to be seen. The hated object, though it previously had been repressed by means of the actor's own body, had yet been conceived as an external object and as not identical with the ego. Now it is fused with the ego. In melancholic depression we also find a fusion of ego and object, but a far more complete one. It goes on in an entirely unconscious way, and only careful analysis can discover the introjected object. In the failure of grotesque-comic achievement the procedure of transformation as such is conscious. The difference may be due to the fact that a melancholic depression is a matter of oral introjection based on very deep regression, whereas in grotesque-comic performance the objects are actually imitated, a procedure which in contrast to the cannibalistic phantasy is a conscious ego-activity. The melancholic renounces his external objects, whereas the world of objects remains intact for the comedian.

The transformation of the comedian is therefore only a passing one, more a feeling he has about himself which does not reach quite the intensity of a delusion. But the diminished self-esteem, the feeling of depression and the destructive self-criticism are very similar in both cases. In both cases a cruel super-ego destroys the ego without pity. What is the explanation of this cruelty?

We have stressed the importance of the spectator's approval. The audience takes over the role of the super-ego. If the world applauds, the comedian's super-ego is also ready to approve. That means that the comedian remains dependent upon the external world to a very high degree.

Either the super-ego remained incompletely developed because the father relationship never was really solved, or the super-ego was reprojected into the environment. In any case this environment which functions as a super-ego has to be seduced to the forbidden instinctual activity. This results in a decomposition of the super-ego which previously had been based on the desexualization of instincts. The father who originally had imposed the

prohibition against instinct gratification is being seduced in spite and triumph. (This was what Catherine performed again and again.)

The grotesque-comic play has the same functions that festivals had in the past. As mentioned above, it indeed played and plays an important role in public celebrations and merriments. Prohibited instinctual activities are not only suddenly granted to the common people, but the authorities who gave the laws are devaluated and publicly indulge in the same transgressions. Consequently the grotesque-comic performance is characterized by an extreme sexualization of the relationship between actor and public which corresponds to a sexualization of the relationship between ego and super-ego; i.e., to a decomposition of the super-ego in the individual.

This dissolution of the super-ego results in an enormous increase of narcissism which is the main characteristic of mania. But while in mania this is achieved by a pathologic process, by a regression to infantile states, we find here an active spiteful conquering of the cruel super-ego that is a real strengthening of the ego. The primitive narcissism had been painfully disturbed originally by conflicts with external objects and later on by tensions between ego and super-ego. Now it is restored by this destruction of the super-ego. This resurrection of the infantile narcissism is experienced as a feeling of bliss amounting to mania.

If, however, this overcoming of the super-ego fails, either because the spectator was critical or the super-ego of the actor remained resistant, then the super-ego gains double power. Now it punishes also, for the criminal attempt at rebellion that just has failed. Now the super-ego regains the whole cruelty of primitive times, thus assuming the same features as in melancholic depression.

Success and failure of grotesque-comic achievement corresponds in this way with a shifting of power between ego and super-ego. The struggle with the authority did not come to a final decision but repeats itself again and again.

In successful sublimations, a very strong ego destines the vicissitudes of the instincts. In grotesque-comic sublimations the strength of the ego is still uncertain. This form of artistic sublimation differs from all other forms of art through its greater closeness to the body and to instincts and anxiety. In all other forms of art the emphasis is shifted away from instinctual pleasure to formal elements, to a much larger degree.

This relative primitiveness, this incompleted desexualization, this uncompleted victory of the ego are responsible for the lability of grotesque-comic sublimation.

A BIOGRAPHICAL COMMENT ON FREUD'S DUAL INSTINCT THEORY

By RUDOLF EKSTEIN, Ph.D.*

Si vis vitam para mortem.—Freud[7]

The approaching tenth anniversary of Freud's death on September 23, 1939, brings to mind certain aspects of his later life which may permit a new step in the evaluation of the dual instinct theory, his late contribution to the psychological problem of death.

In his *The Interpretation of Dreams*,[5] published in 1900, Freud reveals to us that the death of his father brought to his increased awareness the ambivalent nature of his relationship to the father. It was only after the father's death that he developed the theoretical formulations known as the Oedipus complex.

It is because of similar problems that after the death of Freud his pupils and followers gave more and more public and printed expression of their intensive preoccupation with the life and death of the founder of psychoanalysis. It seems as if the death of Freud permits us now to learn more about him, his life, and consequently perhaps also about psychoanalysis.

Our own ambivalence, another example of the Oedipal theme, is converted into scientific curiosity that aims at better insight into and integration of the work he left for us.

The present author is interested in throwing some light on certain biographical aspects of Freud's *Beyond the Pleasure Principle*[4] which might lead to a fuller appreciation of certain personal problems of Freud that have been a contributing cause for the formulation of the dual instinct theory, that is: the introduction of the death instinct theory.

Beyond the Pleasure Principle was published in 1920 (while its English translation by Ernest Jones appeared in 1922).

There is no doubt that Freud's dissatisfaction with the libido theory, new puzzling therapeutic experiences during and after the First World War, and difficulties in understanding the compulsion to repeat painful experiences led to the introduction of the death instinct theory.[4]

Freud himself mentions his awareness that the new theory is not very popular with the analysts. Even in Karl A. Menninger's *Man Against Himself*,[10] an excellent and comprehensive presentation of the destructive tendencies in man, no theoretical evaluation is made as to the nature of

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the death instinct. One is under the impression that Menninger believes in the death instinct theory as a tentative heuristic principle, but not as a truly tenable and clarified theoretical concept. Others such as H. S. Sullivan, who states that he "has found no comfort in the doctrine of the death instinct, cannot accept as inborn any patterns of self-destructive behavior," are, however, in the majority.

The following observations have no bearing on the truth or falsity of the theory itself but are presented in order to discuss certain personal, psychological aspects that may have contributed to the change in Freud's metapsychology.

Freud was 64 years old at the time of the publication of *Beyond the Pleasure Principle* and one may be right in assuming that he was not a very well man. Three years later he had his first operation for cancer of the jaw. Hitschmann, in his article on "Freud in Life and Death"[8] writes that "Freud died from a neoplasm of the mouth, which began as an 'epulis' on the basis of a leukoplakia oris caused by intensive smoking" (p. 130). It is also Hitschmann who calls to our attention Freud's dream which the master analyzes in the "Ergaenzungen zur Traumdeutung"[6] and which falls into the period between 1915 and 1918. Freud uses the dream to illustrate the primitive wish of the ego reacting against repressed impulse-material. Freud's investigations led him to an early memory,* when as a little boy he stepped upon a footstool to fetch something appetizing. The footstool tilted over and hit the child behind his lower jaw. The "punishment" dream for oral cravings expresses the power of the superego. Freud followed all through life his strong oral impulses. In fact, many of his outstanding character traits, as is well documented in Puner's *Freud: His Life and Mind*[11] are typical for the oral character. Freud was an inveterate smoker all through his life even though doctors had repeatedly warned him against it. Freud's oral cravings, the guilt connected with them, the beginning stages of the fatal illness, his feelings about aging, found their projective expressions in the theory that described the eternal struggle between Thanatos and Eros.

There is another suggestion which, if correct, may strengthen these assumptions. The reader will recall that Freud reports in *Beyond the Pleasure Principle*[4] about his observations of the play activities of a one-and-a-half year old boy. The unconscious meaning of the child's play, according to Freud is the preoccupation with the first great cultural accomplishment, that is, the ability to tolerate his mother's departure and return. The game is an effort to control the leaving and coming of the mother as if the child himself were the one who decides on it. Later on, the child changes the game

* See also Bernfeld.[1, 2]

and it is now he who disappears and comes back, and thus masters actively in his play what *he* suffered passively a few months earlier.

Freud mentions that the mother died when the youngster was 5½ years old. He also mentions that he had occasion to watch the small child since he lived with the family for a while.

One is impressed that the careful clinician Freud makes this small observation almost into the empirical basis of a new theoretical formulation. One may wonder why such a small event made such a powerful impression on the originator of psychoanalysis.

The puzzle seems to find a solution if we assume that the little boy Freud mentions was really his grandchild, Ernst Halberstadt. Ernst's mother Sophie was Freud's beloved second daughter whose death occurred shortly before Freud announced the dual instinct theory (as is also mentioned by Puner[11]). In a personal communication Bernfeld[3] reminds this author that Wittels in his book *Sigmund Freud* had advanced the suggestion that the death of Sophie determined Freud's introduction of the concept of the death instinct. In his reply, Freud qualifies this conjecture as interesting but not valid since the main items of *Beyond the Pleasure Principle* were written before Sophie's death.

Bernfeld[3] also called to the attention of this author that Ernst had a younger brother who died very early. We have no source at present which would permit us to decide if either of the two grandchildren is identical with the little boy in Freud's volume.

The present author feels that the facts of chronology speak in favor of Ernst as the child of the literature if his conjecture is correct.

In observing and understanding the small boy, his grandchild, he also tried to understand himself, and the psychological problem in facing the unavoidable "going away forever."

If the identity of the little boy, who indirectly has contributed so much to the psychology of play, is pointed out by us correctly, we could read new meaning into the following statement out of Freud's *Beyond the Pleasure Principle*,[4] "... that everything living must die out of inner causes.... We are used to think that way and our poets strengthen us in it. Perhaps we have decided to do so because there seems comfort in this faith. *If one has to die oneself and if one has to lose at first one's beloved ones through death*, then one would rather want to submit to an inexorable law of nature than chance.... But perhaps the faith in the inner lawfulness of death is just one of the illusions which we have created in order to stand the difficulty of existence, of living."

Freud's dictum of the "soft but persistent voice of the intellect" was his strong defense in standing up under the strain of the First World War (which was considered senseless by the cultural world of 1914), the untimely

death of Sophie, the fate of the motherless grandchild, his own age, illness, and awareness of destructive impulses.

It is Hitschmann again in his article on *The History of the Aggression Impulse*[9] who calls to our attention that Freud's early follower, Alfred Adler, described in 1908 the "aggression impulse," but Freud then denied it as a "misleading generalization." In 1920 he introduced the death instinct theory and admitted at the age of 74 that he had erred.

The most powerful source of psychological discovery then seems to be awareness of inner struggle, inner conflict, mastery of one's own destiny. It is this constant struggle for inner mastery, this eternal "solution" of inner conflicts which gave Freud the strength and the conviction to carry on in spite of the loss of those he loved, against fatal illness and its pain and the infirmities of age. He who created the death instinct theory was sufficiently optimistic to fight ceaselessly until the end. He dared to face Thanatos because he believed in Eros. He suggested: "If you would endure life be prepared for death."[7]

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ON THE ETIOLOGY OF "SHARED" NEUROSES: REMARKS IN EXTENSION OF A FREUDIAN OBSERVATION

By ROBERT M. LINDNER, Ph.D.*

In these statistic-cluttered days, when an item of knowledge is raised to facthood only after it has been subjected to the mauling of mechanical contrivances, it is refreshing to be reconfirmed in the faith one has had in the kind of intuitive genius which was Freud's. His ability to achieve, on the basis of observations of a handful of cases, a valid generalization almost universally applicable, is a quality given to and cultivated by few men.

Recently, I have had an opportunity to study a phenomenon noted by Freud but, I fear, somewhat cavalierly treated or ignored in the subsequent literature. I refer to the appearance of obsessional neurosis in the male and hysteria in the female where the pair are (or have been) in a close order of relationship, and where the significant repression in both involves a mutually shared sexual adventure of childhood. It will be recalled that Freud had occasion to call attention to this remarkable finding when, in 1896, writing on the problem of etiology in the neuroses, he so brilliantly refuted the stubborn arguments favoring the hereditary point of view.[1]

In the present communication, an instance of this situation will be treated of and explored for additional light on the phenomenon. The material here will be drawn from the analyses of a brother-sister pair. I choose this instance solely because of the convenience of access to the notes I made during the two analyses. It should be remarked, however, that the findings do not apply to this order of relationship only. The same results have been observed by me in my analysis of a male patient and the analysis, by another analyst, of his opposite number, a female cousin. Obviously, the phenomenon is not unique.

I

Case History

There was no question about the diagnosis of Professor P when he came to analysis. For the previous six years he had tried everything else, had been twice hospitalized and had been a patient of three psychiatrists. He reported strong obsessive fears—that he would throw hot coffee in the Dean's face, that he would cut off the head of every person with a "fragile" neck whom he saw, that he would go mad, that he would be "discovered" in a shameful sexual act, that he would cut off his own penis. Moreover, the list of his phobias ranged widely: knives and other sharp instruments, high places, trains, airplanes, newspaper stories of murder and rape and so on. In addition,

* Baltimore, Maryland.

[1] Freud, Sigmund: Heredity and Etiology of the Neuroses. *Collected Papers*, Vol. 1. London, Hogarth Press, 1948, pp. 138 ff.

his sexual life had been a series of what he termed "disgusting adventures," running the gamut of the perversions with prostitutes. Outstanding character and behavior traits were all of a compulsive kind: P was superstitious, excessively orderly, neat in his manner and the conduct of his affairs and inclined toward the daily observance of countless rituals. By profession he was a botanist, an occupation that obviously permitted the indulgence of his collector's zeal and his Talmudic penchant for endless and involved classification.

At forty, P remained a bachelor. He protested that he had always feared a permanent liaison with a woman because of his perverse inclinations, curious habits, and lack of the social graces. On the other hand, he had had many "innocent" love affairs and was occasionally attracted to his girl students. It was obvious from the first that P feared "ruining" some innocent girl, that despite his sexual appetites and preferences he idealized womanhood in general.

During the first months of the analysis, P surrendered many of the phobias under the stimulus and security of the transference. He had never before revealed his secrets and the recitation of his "sins" brought tremendous relief. Constantly, he expressed surprise at the analyst's objectivity. Often he would turn on the couch in order to catch the analyst off-guard, at once hoping and fearing to find disgust or rejection. After a brief "honeymoon," however, the analytic course became less smooth. P's entire mental outlook was mechanistic and he expressed great difficulty in accepting especially the philosophical re-orientation necessitated by psychoanalysis. His defenses all gathered about Freudian theory and he attempted to subvert the therapy by trying to draw me into debate. He read widely in psychoanalysis and particularly among its detractors. When the obvious interpretations to this behavior were made, he scoffed and indicted both analyst and psychoanalysis for "mysticism." Later he turned to personal criticisms of the analyst: he searched among my published works for inconsistencies. Next he invaded my private life and sought in various ways to discover my "secrets." He must have spent hours in the neighborhood of my office, for he came to identify many of my other patients. At this period, he accused me of many sins of character, ethics, morals and, of course, intelligence. Once, on the pretext of having left behind him a scarf, he came into the analytic room without knocking on the door, hoping to surprise me "in the act" with a female patient. On another day he scrupulously noted the amount of time each of the next four or five patients spent in my office.

Such were the vicissitudes of P's analysis until, at last, the whole structure of resistances and defenses collapsed in the course of a few successive hours as the result of a series of dreams that carried the entire therapeutic process forward as on the crest of a huge wave.[2] In all, there were seven dreams, as follows:

1. I am in a western town. The year is 1882. I know this because I see a newspaper with that date written on the masthead. Everything—houses, ferry-boats, horses and even people—looks small, toy-like.

[2] I have often observed that, with obsessive-compulsive types especially, the analysis tends toward a major denouement, almost a crisis, that is likely to come with rapidity and that must of necessity be seized upon by the analyst in transit as the great opportunity for him to make the central gains necessary for the analytic cure.

2. I am reading a book about Sherlock Holmes. Then something about bismuth; someone either suggesting I take some or I read about it. Suddenly, I have no desire to read further.

3. Mummies come to life suddenly as I am looking at them in their sarcophagi in the museum. They are horrible. I run from them down a long, steep flight of stairs covered with thick carpeting.

4. — — (a former teacher) is sitting on a prominence and I am lying in the grass at his feet. I have something, perhaps a book or a paper, and want to show it to him.

5. Overseas somewhere. I am with a woman whose face I can't make out but who I know is familiar to me. We are undecided about going to the theatre. Finally we decide to go. The play horrifies me. It seems to be full of fighting and there is blood all over the stage. Suddenly I am aware that my companion is not with me. I go to look for her and find myself in an endless dark corridor. I stumble into a room which I somehow know belongs to her. The scene changes and I am looking at a treeless hill with a spring on its summit. I kneel to drink the water.

6. A long table with plates of food on it. I am sitting next to a young man. Someone says to him, "You look as if you have been attached to some Milmet." This seemed to be a reference to naval service on a French vessel during the war. Then it seemed to refer to cooking food. On looking at his plate, I saw he had no meat on it. This seemed to mean he was suspicious of meat because of his experiences.

7. I seem to be reluctant to invite a close friend to dinner, although the situation is such that I feel I have to. Finally I give in and we enjoy a good meal. The conversation at the dinner table is chiefly about the food. I am surprised at my former hesitation in extending the invitation and sorry I have delayed it so long.

The entire fabric of P's neurosis disintegrated following the analysis of these dreams because they permitted us to penetrate to the fundamental repression.

To the first dream, P associated his grandmother's arrival in the United States in the year 1882. She had come from the old country to be a servant with a wealthy family that had emigrated here. P believed that the latent content of the dream was in the nature of scene-setting: it referred to an early time in his own history, a time when he was preoccupied with cowboys and toys. The second dream convinced him he was identifying the analytic process with a mystery which he was disinclined to pursue because mysteries ordinarily involve serious crimes, and though he felt guilty, he "would rather not know." At the same time, the "crime" must have been sexual because to bismuth he associated sexual activity. Bismuth also was a fake meal; a detective story without a murder is a fake detective story and hence nothing to fear. Bismuth also related to a physical examination he had undergone some months before the analysis had begun. He had hoped secretly that it would have positive results: "If I've been guilty of a crime, I should certainly be punished." The mummies in the third dream represented his fearful memories from which he flees in horror. Running down the thickly carpeted stairs symbolizes a retreat into the unconscious. These "mummies and zombies" pursue him relentlessly in the form of

phobias and obsessions relating to his own "ancient history." The running downstairs further symbolizes the analysis.

The fourth dream in this series reveals a positive shift in the transference. Curiously, the name of the professor in the dream is similar to the name of the analyst. The first name is my name exactly, with a consonant added at the beginning and two other letters in a different order. The professor's last name is quite similar to mine. Also, he too, is a Jew. And more than this, he taught a subject in which the word "analysis" appears. Furthermore, "he came along at a critical period in my life and offered great hope; he took a personal interest in me." The analyst, too, offered great hope, and the situation in the dream depicts the analytic situation, with P prone and trying to reveal "something" to the analyst.

The fifth dream resisted interpretation until the sixth had been analyzed. In the sixth, the young man is the patient. The "Milmet" referred to is a very slight transposition of P's sister's name, almost a parody of her pet name, which the patient had forgotten completely. P now comprehends how attached he still is to his sister. It is clear that she is his real and only love. The "French vessel" puzzles him until he suddenly realizes the profane significance of the word "French." Now a torrent of memories mixed with self-recriminations and castigations pours from him as he recalls incident after incident of sexual play with his sister. Tearfully he recites these experiences, most of them dealing with his forcing fellation on his young sister between the ages of six and seven. He is a monster, something vile, who deserves nothing better than to be spat upon, whipped, degraded, even tortured.

At the next session, P returns to this sixth dream. The cooking of food is a homey thing as well as a symbolization for sexual activity. Meat gives the expected associations: he would like to marry someday; how could a decent woman put up with his fleshly excesses? The fifth dream also has fallen into place. The girl is his sister. Together they used to steal down the hallway at night to observe their parents in intercourse. It frightened and fascinated them. Often it seemed to them to be a brutal struggle. One morning there was blood on the bed. Many of their sexual experiments had been preceded by the observation of parental intercourse. All his life (long corridor) he has been trying to find his way back to his sister. She is the ideal sex object. His positive and overpowering urge toward cunnilingus is baited on by the fantastic hope that the mons he will caress will be hairless, "little-girl-like." More than once he has offered his partner fantastic sums to shave her genitals previous to contact. With these revelations, the seventh and final dream of the series becomes comprehensible: all of this must comprise the dread secret he has been withholding and against which his defenses have been erected, that secret which he did not even know: he is

happy he has shared it with the analyst (friend) but sorry he has delayed so long.

Following the recovery and exploration of the significant repressions, P's analysis entered upon its terminal stages. It now became possible fully to analyze the transference and each of the phobias and compulsions.[3] Meanwhile, however, it was decided to begin the analysis of M, P's sister. Sometime previously she had made arrangements for treatment, having been impressed with the results so far obtained with her brother.

Case History

M was a cultured, alert and personable young woman but for fifteen or more years previous to the analysis she had been a literal prisoner in her home, leaving it only under duress and remaining bound like a dog on the end of a leash to a rigidly circumscribed area. To be forced by necessity to leave the region bounded by her fears was for her just short of impossible; and when occasion demanded that she do so, she would return in a state bordering on collapse. Another symptom was her total sexual frigidity, a matter that had reached such proportions that her entire genital area was virtually anesthetic but, oddly enough, yielded pain during the infrequent intercourse which she had with her husband. In addition, she reported sudden and unpredictable panic states, often leading to carpopedal spasms or brief periods of unconsciousness. In view of the latter, she had been receiving treatment by a physician who, despite a negative encephalogram, diagnosed "a form of epilepsy," and prescribed anti-convulsant drugs to which the patient soon became habituated. Finally, there was the usual scatter of fears—of blood, of insanity and of a persistent "feeling" of a "lump or gob of mucous or hair ball or something" in her throat.

I was not the first therapist who worked with M. She had visited one psychiatrist weekly for two years, and three years previous to analysis she had had about six months of treatment with another psychiatrist. Between these periods and between the time of her last contact with a psychiatrist and her analysis, she had been "treated" by naturopaths, osteopaths and a "cult" healer. These latter therapeutic gentry had treated her in the security of her home, while the psychiatrists she attended had maintained offices within the area to which she was bound by her neurosis. The analysis began, therefore, inauspiciously. M had to travel from another state to get to me. She managed the move under the prod of desperation and only because psychoanalysis was the last resort. Her first hour was an experience for both of us. Outside of her magic ring, she was subject to an almost continual

[3] Because this presentation has another purpose, it is necessary to forego the temptation to dwell on this interesting case which, in its structure—the profoundly inverted sadism, the gross symbolic transformations into behavior, etc.—resembles those classical cases reported by the first generation of psychoanalysts, cases which somehow seem to be rare in American psychoanalytic experience. The virtual disappearance from our current literature of cases of sado-masochism of the classical kind and the pre-emption of its place by moral masochism is an interesting cultural phenomenon requiring more attention than has been given it.

state of hysteria, the symptom-constellation of which shifted and varied in a confused fashion that can hardly be described. Within two weeks, however, the transference had established a beach-head on the neurosis. Under its protection she re-formed the magic circle, including in it now the analyst's office and occasionally venturing beyond its limits in order to be able to report this to the analyst.

Because of my experience with her brother, I was able to engage the neurosis in a far more active way than would have been possible had M come to me "cold." Also, M's character and other personal qualities lent themselves well to the analytic process. Very soon, therefore, she offered the interpretation which was the fundamental clue to the transference at this stage. She said that because I was also her brother's analyst she had come to think of me as their father who would protect both of them and accept their behavior uncritically. Her own father, who had died in the year before the onset of her symptoms, had been a family tyrant. When he died, because of the death wishes she had utilized against him, it had become necessary to protect herself from his vengeance. The circle she had drawn around herself was a primitive device, designed to ward off his malignant spirit in the same way that this talismanic technique has been employed through the ages in religion and magic. How she came by it, there was no way of knowing; but as soon as she grasped its significance it was as if chains had been struck from her: she was now free to move about with complete ease, no longer imprisoned within a Chinese wall of her own design.

Following this major therapeutic victory, M, contrary to what might have been expected had I not had the advantage of foreknowledge, fell into a period of intense resistance. She reacted to her liberty as if she wanted to provoke the analyst to reject her. Contrary to her usual analytical perspicacity, she revealed now a total inability for analytic work, complained bitterly of the length and costliness of the treatment, derided our accomplishments thus far and threatened to break the contact. All interpretations failed to impress her until an event took place which significantly altered her attitude.

By pure chance, M encountered the analyst and his wife in a Baltimore department store during the Christmas holidays. There was a brief and pleasant exchange of greetings. On leaving the store, however, M became violently ill. By the time she reached her home she was in the grip of panic and soon thereafter was overcome by a crowding of symptoms. Her alarmed companion called a physician who rushed M, over her protestations, to a hospital. On the following day, however, she left the hospital and appeared in my office for her regular appointment. This dramatic session opened with the statement that when she saw me she felt such a rush of tender feelings that she feared to faint. As she stared, however, her thoughts were not

occupied with me, nor with her husband, nor with her father but—with her brother P. It came to her then that of all the figures in her life, P was the most important, and in a dim way, she apprehended him to be or to hold the secret to her illness. She recalled that on seeing me with my wife, her "whole being united in a great NO" and she found herself actually saying, "It cannot be. He (P) could not have deserted me for another woman. I would die if he did!"

M now understood that her recent difficulties in the analysis originated in the passage from father-type to brother-type transference to me, and in the resistances she had been erecting unconsciously against this. With this insight utilized as leverage, the floodgates of memory opened to permit the flow of a steady stream of significant recollections involving M's early relationships with P. It was, of course, many weeks before she managed to penetrate the defenses and achieve a reconstruction of the actual details of her seduction by P, of their sexual experiences together, and particularly of their mutual observations of primal scenes. At no time were the analytic waters tranquil but, inexorably, one by one, the symptoms vanished. First to disappear were the hysterical spasms and episodes of unconsciousness, next the globus hystericus, finally the anesthesia of the genital area. At the Easter recess, she was, for the first time since marriage, sexually responsive and experienced orgasm, although she suffered from pain during intercourse. Encouraged by this success, she began to make bi-weekly visits to her home. By the beginning of the summer, pain during intercourse had disappeared entirely and the last remaining symptom of neurosis was gone.

II

It is important now to raise and seek an answer to the question why, where obsessional neurosis in the male and hysteria in the female eventuate from a historical pattern in which at least one major element has been a shared and repressed sexual adventure of childhood, the matter turns out as it does, *i.e.*, the male partner invariably developing along obsessional lines and the female along hysterical. No one can be satisfied with familiar but long discredited generalizations which hold hysteria to be a rather exclusive property of the female.

With his usual keen appreciation for clinical subtleties, Freud noted that the actual boundaries between these disorders of personality lack distinctness. In the paper of 1896, he pointed out that in such obsessional cases "the picture is complicated by a certain number of purely hysterical symptoms," and our own presentation of the case of P affirms this feature. Moreover, the case of M illustrates a corresponding invasion of the hysterical configuration by obsessional elements. Since both male and female have experienced similar traumata together, this can be expected; but it is the

divergence and eventual dissimilarity of the fully-flowered neurotic syndrome that yet calls for explanation.

For Freud, the crux of the matter in these "shared" neuroses and the germ of the divergence lay in the specific genesis of the disorders in terms of activity and passivity. Freud assigned activity to the male and passivity to the female. The "choice" of obsessional neurosis, Freud held, originated in the activity of the sexually precocious (because already assaulted) male, first aggressively inducing the female toward a sexual act and then repressing the adventure out of guilt and covering it with self-reproaches which later undergo transformation into obsessional symptoms. Correspondingly, the hysteria of the female involves passive participation in the activity followed by repression which, typically, is subject to acute and chronic relapses, thus permitting discharges in the form of conversive or other symptoms.

The advances psychoanalysis has made require that this whole problem be brought up to date. To do this, it is necessary that we return to the illustrative cases of P and M, which appear typical for all "shared" neuroses of like origin. In the first place, there were two gross differences between P and M at the time of their mutual participation in acts later repressed: P was male and he was between six and seven years of age; M was female and between four and five. These two differences mean that P was in the midst of or emerging from the oedipus conflict while M was more than likely at its threshold. The vicissitudes of the transference in both cases enable us to reconstruct and emphasize this important distinction. Throughout his analysis P regarded the analyst in father terms, swinging pendulum-like in his reactions now to a "good," rewarding, homosexually attached parent, again to a threatening, punishing, denying "bad" father. M, on the other hand, until there came the dramatic shift in emphasis, maintained a transference image of a consistently "good," helpful, loving and kind father.

Now both children viewed the primal scene, but because P was the older, it is a reasonable assumption that he had become aware of it sooner than M and had probably acted as her guide to it. If P was indeed in an equivalent oedipal stage, it must have seemed to him (and from his dreams we know it did) as a struggle in which the male parent was the brutal and lustful subduer of the female, a punishing figure with the capacity to hurt (*vide* the blood on the sheets). Since his own position with regard to his mother was at this time one which was likely to oppose the evident interests and wishes of the father, castration anxiety was undoubtedly mobilized as a consequence. In addition, as we know, there was an arousal of latent sadism through the identification with the father and a powerful regressive thrust, as a result of all of this, toward the pre-oedipal anal-sadistic stage. In this manner, it is perhaps possible to account for the entirety of P's characterological

development and his total symptomatology to the time of his analysis, including his strong inverted sadism, his need for punishment, his panphobia, his perversity and his style of life.

As for M, the predominance of the "good" father image and the abrupt shift toward the brother-type transference make it seem that the crucial events here recorded occurred in the onset stages of the oedipal conflict for her, at a period when the father began to appear as the most attractive object for love, before the interposition of the denying mother, and as the wish to possess the penis was beginning to form. What was most impressive in the analysis about her recall of the primal scene was its lack of those very elements of struggle and conflict which P believed were there. For M, what she saw was correctly interpreted as "an act of love" and was without other significance, even without special envy *vis-a-vis* the mother. Moreover, the penis which she would normally have sought to obtain from the father was actually supplied her by her brother. In the large quantum of excitation aroused by the witnessing of the primal scene and its consequent discharge in sexual activity with P, the fiction of possession was maintained. Essentially, the fixation point in development was in the early phallic period of the oedipus complex. The hysterical spasms later employed defensively can be understood as displacements from masturbatory conflicts originally connected with the oedipus complex. So far as the watering of the hysterical picture by obsessive tags and remnants, it would seem as if the usual form of discharge of excitement practised by P and M, *i.e.*, fellation and cunnilinctus, heightened the erogenicity of the oral zone and made for a partial regression to an ambivalent stage between the late oral-sadistic and late anal-sadistic phases. This is demonstrated by her addiction potentialities, expressed by her rapid habituation to the drugs supplied by the physician.

All of this means that the problem we have raised may find an answer in the level of fixation to which the children became bound by these events and experiences, and the different phases in which instinctual life became mired down, leaving them with unconscious strivings requiring repression and substitution by symptoms and defenses. The varying forms of defense, and later, the special symptomatology of each, resulted basically from the regression to anal-sadism in the case of the boy and the failure to advance beyond the early phallic period of the oedipus conflict in the case of the girl. It should be added, parenthetically, that in none of the cases of "shared" neuroses of which I have knowledge has the factor of activity been important, and in none has there been evidence presented suggesting that either partner had suffered a previous sexual assault.

CONTRIBUTIONS OF A. A. BRILL TO PSYCHIATRY*

By KARL MENNINGER, M.D.

Because I knew him for many years, and sat with him at many meetings of the American Psychiatric Association and the American Psychoanalytic Association, I feel qualified as well as honored to fulfill a request to speak a few words at this Annual Meeting of the American Psychoanalytic Association about the scientific work of our long time "Permanent President."

Let us remind ourselves today, and let us often remind our children and grandchildren and great grandchildren hereafter, how much we owe to Abraham Arden Brill. Let us remind them that it was this little doctor with a big heart—born in Austria, an immigrant to America, a boy who arrived with 3¢ in his pocket, a student who put himself through school and through medical school—that it was this real American who perceived the greatness of Freud's discovery and brought it to America.

Let us remind them that it was he, this indomitable, irresistible, uncompromising little doctor, who gave life and being to psychoanalysis in this country—who first translated Bleuler and Jung and Freud for Americans to read; who fathered the New York Psychoanalytic Society and mothered the American Psychoanalytic Association; who faced with intrepidity and good humor the sneers and jeers, the scorn and calumny of his colleagues to speak out for what he believed, to speak the truth he saw and hoped they might sometime see.

Let us remind ourselves and our successors that the great edifice of psychoanalysis and psychoanalytic psychiatry which today we eagerly and proudly help to build still greater, was established for us here, with his life blood, by A. A. Brill. He taught Americans such everyday words as repression, displacement, transference, abreaction, and the unconscious. He wrote the first English treatise on psychoanalysis, plus 140-odd other books and articles. For many of us in this Association, as we look around each year at the ever increasing multitudes that flock to these meetings, once so pitiably small and esoteric, the figure of a plump, cheery, energetic "Permanent President" will always be visible—sitting at sessions or chatting in corridors, nodding, listening, smiling at us and ill concealing his pride in the evidence of the rich fruit of his many labors.

If some of his earlier contributions now seem elementary, if some of his presentations and translations have now been superseded, let us never for-

* Delivered by Dr. Karl Menninger at Tribute Meeting to Doctor Brill, Annual Meeting of American Psychoanalytic Association, Washington, D. C., May 15, 1948. Revised April 11, 1949.

get that it was with these as an entering wedge that he taught the present teachers of American psychiatry, and thus helped to develop the dynamic psychoanalytic psychiatry of today. Let us not forget also that many of his contributions were keen, novel, original, and of basic importance. With these stimulating, variegated studies, Doctor Brill continued to be engaged up to the day of his death, and they remain for the enrichment of our knowledge.

But the greatest contribution Doctor Brill made to us may well be something beyond these shining landmarks, these patriarchal milestones. I suspect that it may seem to many (as it does to me) that his greatest bequest to us was the example of his indomitably optimistic, honest and courageous spirit. Death itself had no alarm for Brill. A little over a year before he died he addressed his beloved Vidonian Club on the topic "Thoughts on Life and Death." It is a charming and characteristic essay. In it he described in his fresh lively style a flight of *Ephemeridae* which he had once observed, and added: "We who, to our minds, belong to a much higher stage of evolution tarry on this earth much longer; everything being equal for three score years and ten, but in the end the

> "Earth that nourished thee, shall claim
> Thy growth, to be resolved to earth again
> And, lost each human trace, surrendering up
> Thine individual being, shalt thou go
> To mix forever with the elements
> To be a brother to the insensible rock.

"Thus spake a young man when he was only about sixteen years old, in his *Thanatopsis*, in his reflections on death. I have always considered this summation of our seemingly complicated self by William Cullen Bryant the most beautiful and most consoling description of the end-in-view. What could be nicer than 'to be a brother to the insensible rock? . . . '

"As to what happens after we stop breathing, I agreed with one of my favorite authors, Samuel Butler, who said: 'Still, the life we have beyond the grave is our truest life, and our happiest, for we pass it in the profoundest sleep, as though we were children in our cradles. If we are wronged it hurt us not; if we wrong others we do not suffer for it; and if we die, as even the Handels and Bellinis and Shakespeares soon or later do, we die easily, know neither fear nor pain, and live anew in the lives of those who have been begotten of our work and who have for the time come up into our room.' Samuel Butler repeats here what Cicero said long ago and what our own Herman Melville said somewhat differently: 'since death is the last evening of all, valiant souls will taunt him while they may. Yet rather, should the wise regard him as the inflexible friend, who even against our

own wills, from life's evils triumphantly relieves us.' In old Greece it was customary to sacrifice a rooster to Aesculapius when a person recovered from a disease, but when Socrates was about to drink the hemlock he asked his friends and pupils who were with him to sacrifice a rooster when he died, 'because,' said he, 'I look upon the end of life as a recovery.' . . .

"And so," said Brill, with his famous chuckle, "whether we have passed through life as Vidonians or as criminals, we have all done our best with the means at our disposal. For whatever we did depended, not as we think, on ourselves, but on accidental factors which we ourselves did not control.

"As you know I have always been deeply influenced by the monistic philosophy of Spinoza who posits a single substance which he calls God and maintains that everything here is nothing but an accident of the divine substance itself. Man, as an individual thing, Spinoza conceives as an accident or a mode. The modes of Spinoza are to the substance as the rippling *waves* of the sea to the *water* of the sea. . . . Hence when I consider our departed founders"—and here he cites several, mentioning "especially my close friend Jelliffe, that brilliant and versatile mind who was the last of them to leave us; when I think of all these students of the mind I cannot help but return to the closing words of *Thanatopsis*:

> "So live that when my* summons comes to join
> The innumerable caravan which moves
> To that mysterious realm, where each shall take
> His Chamber in the silent halls of death,
> I go not, like the quarry slave at night,
> Scourged to his dungeon, but sustained and soothed
> By an unfaltering trust, approach my grave
> Like one who wraps the drapery of his couch
> About him, and lies down to pleasant dreams."

* The writer (K. A. M.) has altered the personal pronouns in the quotation from second to first person.

BOOK NOTICES

An Outline of Psychoanalysis. By SIGMUND FREUD, trans. by James Strachey. Price $2.00. Pp. 127. New York, W. W. Norton & Co., 1949.

James Strachey's excellent translation of the *Abriss der Psychoanalyse* has been published in America, ten years after Freud's death. Professor Freud, at the patriarchal age of 82 and during the last painful months of his London exile, set out "to bring together the doctrines of psychoanalysis and to state them, as it were, dogmatically—in the most concise form and in the most positive terms." Re-reading his book now in the English language brings back to the fullest an appreciation of Freud's great scientific, philosophic and artistic mind, his creative and brilliant style and his powerful gift to say so much with a few pertinent and clarifying words. His last longer work—unfortunately left incompleted—should prove instrumental in stimulating new psychoanalytic generations to exploring studies, to further research. It induces the attitude expressed by Goethe whose essay on nature seems so vital to the development of the young Freud: "What thou hast inherited from thy fathers, acquire it to make thine." (Rudolf Ekstein, Ph.D.)

Understandable Psychiatry. By LELAND E. HINSIE, M.D. Price $4.50. Pp. 359. New York, The Macmillan Company, 1948.

An excellent, clear presentation of psychiatry that focuses attention on the patient and his problems in relation to his doctor and the world about him. Although written for psychiatric patients and people working in the adjunctive fields of psychiatry, I feel this book sohould be on the top of all psychiatrists reading lists. For the young psychiatrist and psychiatric and psychological resident it presents a point of view often missed. (Harry H. Wagenheim, M.D.)

Brief Psychotherapy. By BERTRAND S. FROHMAN, M.D. Price, $4.00. Pp. 265. Philadelphia, Lea & Febiger, 1948.

There is no law against writing books, and so long as there is a strong popular demand for brief treatises on psychiatric subjects, we can expect a certain number of books describing the experience and concepts of individuals many of which will contain nothing original, much which is controversial, and some material which is generally considered false. This is such a book. It is an exceedingly brief compendium of psychiatry and only a small portion of it is devoted to the subject of the title. Such books will sell, and to that extent will promote popular knowledge of psychiatry, but they will not further its scientific development. (Karl Menninger, M.D.)

Fundamentals of Psychoanalysis. By FRANZ ALEXANDER, M.D. Price $3.75. Pp. 302. New York, W. W. Norton & Company, Inc., 1948.

The author explains in the preface that instead of further revising his previous book *The Medical Value of Psychoanalysis* he has decided to include what he calls fundamentals in this new book (which includes much of the earlier one) and write a new volume on psychosomatic medicine. Alexander has a gift for vivid illustration and metaphor which makes the text, which is fairly standard material, interesting and readable. He includes brief references to his own new theories about therapeutic technique. (Karl Menninger, M.D.)